

THE AMA NEWS

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September 7, 1959

The Newspaper of American Medicine

Capsules of the NEWS...

NHS Proposals: Britain's Labor Party will campaign for expansion, revision of 11-year-old National Health Service which it introduced. Party spokesman estimated proposals would add \$280 million yearly to NHS' annual cost of \$1.9 billion with extra money to come from taxes. Proposal includes building new hospitals, modernizing old ones, financial improvement for family physician.

Hospital Strike: Nonprofessional employees struck at two Chicago hospitals, Mount Sinai and Home for Incurables. Unions seek recognition as bargaining agents for dietary, kitchen, housekeeping, laundry, and maintenance employees. Seventy hospitals in Chicago Hospital Council refuse to meet with unions, claim they are exempt from collective bargaining under state law because of their non-profit nature.

Cost of Living: Consumer price index went up .5% in Chicago, U.S. Bureau of Labor Statistics reports. All goods and services showed a rise, but the smallest increase was in medical care, .1%.

Romance: Psychiatrists are the top choice of girls looking for husbands, according to a New York matchmaking service. Psychologists and college-level teachers rank next. Men looking for wives usually ask to meet teachers or nurses, seldom are interested in high-salaried business women.

Hay Fever: Ninety per cent of all the ragweed that distresses hay fever victims could be eliminated every season if farmers plowed their grain fields early in August, reports a University of Michigan meteorologist.

Cigaret Trial: Medical testimony is expected to play an important part in a Chicago trial centering on alleged harmful effects of smoking cigarettes. Suit for \$25,000 against a cigaret company and a grocery chain was filed by woman whose husband died of cancer of the lung. Suit is scheduled for late in fall and may be first of its kind to reach trial stage.

Benefits Improve: A 1951 study showed top daily hospital allowance offered by 89% of surveyed health insurance companies averaged \$8 or less, Health Insurance Institute reports. A recent review shows 83% of companies now offer \$15 or more daily, with 32% offering \$20 or more.



DOCTOR AT WORK treating victims of a Montana earthquake is Dr. R. D. Quinn (left, in white T-shirt), Hollister, Calif., who was camping in the area. Physicians from nearby towns played important roles in searching for and treating scores of injured persons. (See story on page 2.)

Liberal Arts Stressed

Schools Try New Plans

Physicians and medical educators are watching with keen interest this month as at least three schools of medicine—Indiana University, Johns Hopkins, and Stanford—begin new programs.

AHA Revises Listing Policy

The American Hospital Assn. has revised its requirements to permit the listing by it of hospitals where osteopaths are practicing, provided the osteopaths work under the general supervision of doctors of medicine.

The action was taken by AHA at its 61st annual meeting in New York. Authority to decide when to start the new policy was given to Dr. Edwin L. Crosby, executive vice president.

AHA lists only those hospitals which, on inspection, demonstrate fulfillment of criteria adopted by the association. The program is a voluntary one, but listing by AHA is a prerequisite to accreditation by the Joint Commission on Accreditation of Hospitals.

Previously, AHA required that all members of hospital medical staffs be MDs.

AHA's House of Delegates reaffirmed its position that hospitals "should be exempt from all legislative acts requiring compulsory bargaining of hospitals with any group of hospital employees."

Dr. Russell A. Nelson, AHA president, urged hospitals to resist "control of hospitals by Blue Cross." He explained he referred to the economic control Blue Cross exerts on hospitals through reimbursement formulas.

Although the mechanics of the three curriculums differ, they have these two important common goals:

- To provide the broad liberal arts background necessary if the individual is to provide the most productive service to society.
- To provide programs geared to the special talents of outstanding students.

Arts and Sciences: At the Indiana University School of Medicine, 10 students in the entering class of 180 will participate in an experimental program which will work in this manner:

Outstanding students who want to study medicine will be selected from the college of arts and sciences at the end of their junior year. These students will then take three years of required pre-clinical subjects, plus elective courses in the humanities, arts, and sciences.

At the end of this three-year-period, when they have completed their work for BA and MA degrees, they will decide between taking two years of clinical training for an MD degree or continuing their work for a PhD. They may work for their MD degree after obtaining their PhD or vice versa.

Research Encouraged: Commenting on the Indiana program, Dr. Walter Wiggins, secretary, AMA Council on Medical Education and Hospitals, said:

"I think the program should be excellent. It not only will encourage careers in medical research and teaching, but will provide a superbly trained, liberally educated physician."

Johns Hopkins' revised medical education program will consolidate the

(See Schools, Page 2)

Global View On Education

The Second World Conference on Medical Education heard a speaker from India declare that higher education in the science and practice of medicine can succeed only if it can reach across national or regional boundaries.

But a Puerto Rican physician told the conference that studies abroad will not alone meet the needs of nations needing help. He urged that advanced medical knowledge from abroad be taken "to the place within each country where it can be usefully absorbed."

Greater advances in health and medical care could be achieved in nearly all countries if "the already available knowledge were put into action promptly and on an adequate scale," Dr. Edward Grzegorzewski of San Juan, Puerto Rico, said.

Sixty Nations: More than 1500 educators from more than 60 nations attended the conference in Chicago. The conference was sponsored by the World Medical Assn., the World Health Organization, the Council for International Organizations of Medical Sciences, and the International Association of Universities.

The conference dealt with postgraduate education and training for physicians.

"It is inevitable that all undeveloped countries face a severe shortage of trained men, and efficient tools in all fields, said Dr. Uttamchand K. Sheth of Parel, Bombay, India. "Before they can raise their level to self-sufficiency, even in minor things, they cannot help but depend on help and cooperation from the better placed members of the free world."

Teacher Shortage: Dr. Sheth added, "Medical education in general, and postgraduate medical education in particular, is one area which, in spite of its recognized importance for world health, cannot get top priority in an area which suffers staggeringly low levels of food, clothing, and shelter."

Growth of medical schools has resulted in "an acute inadequacy of medical teachers" in India, Dr. Sheth reported.

"In clinical subjects the problem is (See Global, Page 2)

MD Forgives Bills Totalling \$25,000

Some \$25,000 in unpaid medical bills were forgiven by a Marengo, Ill., physician, his will disclosed.

Dr. William V. Gooder wrote in his will:

"Having practiced medicine and surgery in Marengo for 45 years, I hereby cancel and forgive all unpaid medical fees owed me by any and all former patients."

The estimate of the unpaid bills was made by Dr. Gooder's attorney. The physician died Aug. 10 at the age of 78.

Aging Group's Timetable Set

The special Senate Subcommittee on Aging released formal plans for a nationwide, "grass roots" tour this fall to "gain additional perspective by viewing the situation first hand at the local level."

Cities to be visited are: Boston, Oct. 13-14; Pittsburgh, Oct. 23; San Francisco, Oct. 28-29; Grand Rapids, Nov. 16-17; Miami, Dec. 1-2; and Detroit, Dec. 11-12. Charleston, W. Va., also will be included, but the date was uncertain.

Chairman Pat McNamara (D., Mich.) said "It is hoped . . . that the presence of our subcommittee will focus more public attention on the magnitude of the situation and on the fact that solutions will require the understanding and cooperation of every level from the private individual through the top levels of government."

The subcommittee of the Senate Labor and Public Welfare Committee is composed of Sens. McNamara, John Kennedy (D., Mass.), Joseph Clark (D., Pa.), Jennings Randolph (D., W. Va.), Everett Dirksen (R., Ill.), and Barry Goldwater (R., Ariz.).

The group is looking into all problems involving the aging, including health, finances, housing, recreation, and employment.

Global . . .

(Continued from Page 1)

further complicated by the enormity of the outpatient and inpatient hospital work which has to be tackled by the personnel before they can attend to any teaching or research," he said. He explained that the outpatient attendance at his hospital every morning is 2400.

Other highlights from the conference:

- "Man's knowledge of the mechanism of disease has great gaps waiting to be filled in," said Dr. Victor Johnson, Rochester, Minn., who urged physicians everywhere to become more interested in research early in their careers. "Medical research enhances the physician's judgment of conclusions reached in medical papers he reads, it sensitizes him to inadequacies of evidence, increases his wariness of exaggerated claims, tempers his acceptance of enthusiastic predictions."

- Rapid developments, complexity of medicine have increasingly disassociated the general practitioner from the hospital in almost every country, noted Dr. Juan Allwood-Paredes, University of El Salvador School of Medicine. He added this has worked to the detriment of the patient. He urged a permanent place on hospital for GP.

- Young doctors who are serving their internship should be allowed to devote at least two months to practical work in hygiene, preventive, and social medicine, declared Dr. R. M. Tadic of Belgrade, Yugoslavia. "It is now well established that even a general practitioner in rural areas must participate in preventive work . . ."

- Young scientists who come to American schools, hospitals, and laboratories from the Far East to do medical research should be invited to participate in classroom teaching, believes Dr. Yoshio Kusama of Tokyo, Japan. They "would work toward improving the curriculum and teaching in their schools when they return to their countries . . ."



AP Photo

DR. THOMAS DOOLEY is shown arriving in St. Louis for a visit with his mother before undergoing surgery in New York for cancer. He left his hospital in embattled Laos but vowed he will return.

Cancer Strikes Laos Physician

Dr. Thomas A. Dooley has returned to the U.S. from his hospital in northern Laos for treatment of cancer in his chest. Earlier, he had ignored warnings to leave Laos because of Communist guerrillas.

Dr. Dooley, 32, underwent surgery last week in New York. Tissue study and laboratory tests of a tumor removed from his chest while in Laos, revealed a malignant melanoma.

The physician said he plans to be back in Laos by November.

"As a doctor I know what I have got," he was quoted as saying in Hong Kong on his way to the U.S. "I may live six months, maybe a year. I want to finish my time with the Laotians in Muong Sing, doing what I can to help them and to build up my hospital."

The hospital at Muong Sing is the third one to be built by the youthful MD under sponsorship of MEDICO (*The AMA News*, Dec. 1, 1958).

Dr. Dooley, who lost 28 pounds in two weeks, told newsmen upon his arrival in the U.S. that he hopes to get a light airplane so that he can establish two more hospitals in his area in Laos and fly to them to treat patients.

MDs' Rapid Actions Aid Montana Quake Victims

Physicians and nurses responded rapidly when an earthquake killed at least 16 persons and injured scores of others in Yellowstone National Park Aug. 17.

A general practitioner, Dr. Raymond G. Bayles of Bozeman, Mont., was the first person from outside the disaster area to reach any of the victims.

Another physician, Dr. R. D. Quinn, Hollister, Calif., and a retired nurse, Mrs. Raymond Green of Billings, Mont., were camping in the area with their families. They aided the injured despite a lack of supplies and drugs.

Others Respond: Other doctors who went into the area, where earth tremors were felt for several days after the major quake, were Dr. Richard Nollmeyer of Bozeman, Dr. Richard Buker of Chester, Mont., and Dr. Ronald Losee of Ennis, Mont.

In Bozeman, members of the Gallatin County Medical Society treated 14 victims. These physicians included Drs. Volney Steele, William H. Sippel, R. G. Keeton, B. John Heetderks Jr., and Alan Iddles.

Dr. W. A. Melcher treated a half dozen minor injuries at his tiny Ashton, Ida., hospital in the early hours after the first major shock was felt.

Hospital Organized: Dr. Heetderks, president of the Gallatin society, said the staff of the 75-bed Bozeman Deaconess Hospital was alerted at 11 a.m., the day after the quake to prepare for a number of the injured.

By 2:30 p.m., when the first victims arrived, the hospital was organized for a disaster situation although it has no pre-arranged plan for emergencies. Patients were segregated according to the medical care needed, with persons requiring surgery receiving priority.

Dr. Losee, the only physician in little Ennis (population 600), helped evacuate the town when it was believed that Hebgen Dam would collapse and flood the Madison River canyon.

MDs Fly In: Later he flew into the area where a gigantic landslide—the top of an 8000-foot high mountain—trapped and crushed many campers. Dr. Losee treated injured persons on the down-canyon side of the slide, then returned to Ennis where two victims were hospitalized.

Dr. Bayles flew into the area near

Hebgen Dam, and crossed Hebgen Lake by boat to reach a large group of injured who had gathered near the dam. After providing emergency treatment, he went to West Yellowstone to alert the Bozeman hospital and to help direct the evacuation of the injured by helicopter.

Nurse Praised: He said the nurse, Mrs. Green, deserves "tremendous credit for giving the injured all the treatment possible without drugs and supplies."

Dr. Heetderks said physicians involved "worked quickly and expeditiously to prevent further deaths. There was nothing very heroic about what we did."

Schools . . .

(Continued from Page 1)

teaching of pre-medical courses in the natural sciences, thus eliminating unnecessary duplication of effort found in the usual college-medical school curriculum.

Time Saver: The program also affords an opportunity for properly qualified students to save one, or even two, years between the sophomore year of college and the completion of medical school. Most of the saving in time will be realized by an increase in the length of the usual 32 to 36 week academic year.

The curriculum will comprise five 40-week years, designated as Year I, II, III, IV, V. Only college graduates will be admitted directly to Year II, the conventional first year of medical school.

Properly qualified students who have completed the sophomore or junior year of college will be eligible to enter Year I, when they will attend courses at the University's Homewood campus and in the medical school.

Accelerated Program: Beginning with Year III, there will be one elective quarter in each year, and two optional summer sessions of eight weeks each. These elective periods will give the students flexibility in pursuing special studies and research.

Some students will be permitted to accelerate their work by taking required courses during the elective periods and in the summer. Candidates who successfully complete the accelerated program will have taken all of the required courses by the end of Year IV. Accordingly, during Year V, they will be eligible to accept internship or fellowship appointments. At the end of one year of such appointments, they will qualify for the MD degree.

Whole Patient: At Stanford, which opens its new \$21 million medical center in Palo Alto, the aim is to turn out physicians who are better equipped to understand the "whole patient."

The new curriculum takes a year off the liberal-arts pre-med education and adds it to the four years of medical training before internship.

For the first three years of Stanford's five-year program, students will spend a third of their time studying such subjects as philosophy, sociology, and English. At the same time, they will study pre-clinical subjects.

During the last two years of clinical studies, they also will receive special training in child health and psychiatry.

Job Opportunities Studied

Formation of a committee to work for greater job opportunities for persons with neurological disorders—especially epileptics—was announced by the AMA.

Chairman of the Committee on Neurological Disorders in Industry is Dr. Melvin D. Yahr, assistant dean of the College of Physicians and Surgeons, Columbia University, New York City.

Dr. Yahr, who is also co-chairman of the United Epilepsy Association's professional advisory council, discussed the committee's objectives on the nationwide television program *Today* on August 20.

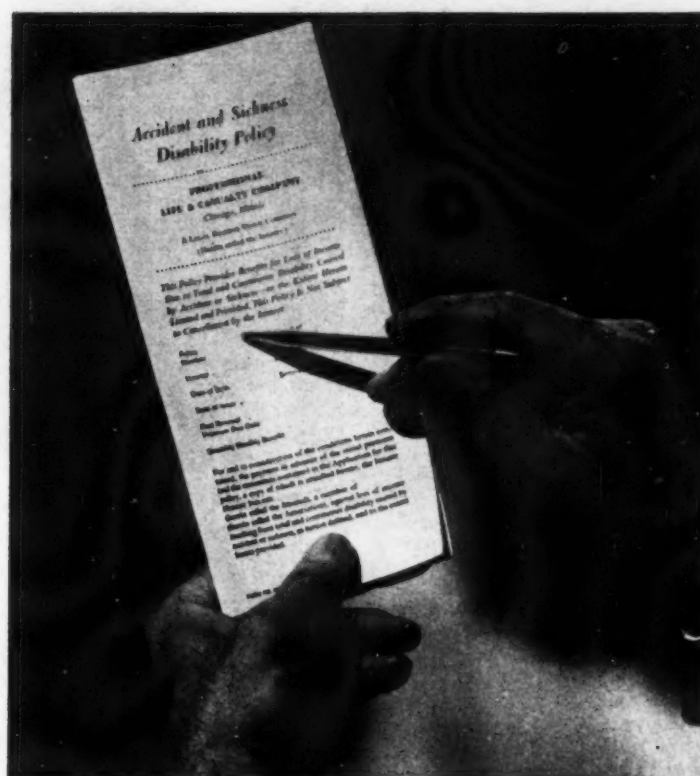


Dr. M. D. Yahr

Dr. B. Dixon Holland, secretary of AMA's Council on Industrial Health, said it is hoped the committee can develop a classification of persons with the disorders which would indicate whether their conditions are progressive or static and also showing their functional capacities.

Other committee members: Dr. Pierce Bailey, director, Institute of Neurological Disorders and Blindness, National Institutes of Health; Dr. Benjamin Boshes, Northwestern University Medical School; Dr. Francis M. Forrester, University of Wisconsin Medical School.

Dr. Robert S. Garber, Princeton University; Dr. Augustus S. Rose, University of California School of Medicine; Dr. Harry Sands, director of program, United Epilepsy Assn.; Dr. Edward D. Schwade, Milwaukee, Wis.; and Dr. Harry E. Tebrock, medical director, Sylvania Electric Products, Inc.



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AMA NEWS

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Editorial Viewpoint

Careers in Medicine

The new program of the American Medical Association and the Association of American Medical Colleges to recruit qualified, dedicated young people into the study of medicine is an important project calling for the best efforts of all physicians and medical societies. And if the program is to be effective, it must be carried out on all levels—national, state, local, and individual.

To aid state and county medical societies in this recruitment program, the AMA has prepared a new motion picture, "I am a Doctor," and a new exhibit, "Medicine as a Career." Both are available immediately to medical societies for showing to high school, college, and community audiences. Available soon will be a new handbook for vocational guidance counselors, and a pamphlet for distribution to individual students.

During AMA's annual Public Relations Institute last month, at which the recruitment program was launched, a panel discussed ways in which MDs and medical societies can help students decide on medical careers. (See story page 8.)

Although the number of physicians graduated from approved medical schools has kept pace with the growth of the nation's population, we are entering a period when increasingly rapid population growth plus the mounting number and complexity of medical services will require a still greater increase in the annual number of medical school graduates.

From 1920 to 1958, the percentage of increase in medical graduates from approved schools was 125%, compared with a 64% increase in population. In the past two decades, the percentage figures are fairly comparable—32.1% increase for medical graduates, 33.4% for population.

Each year for the past 11 years the number of students enrolled in approved medical schools has increased. This increase amounts to 29.6%—from 22,739 to 29,473.

The ratio between applicants to medical schools and those accepted is 1.97 (15,791 applicants for first year medical schools to 8,030 places available). This ratio has remained about the same for five years.

Sometimes there is confusion in this area because applications to medical schools are counted instead of applicants. Each person applies, on the average, to four medical schools. Thus, for the 1957-58 academic year, the 15,791 applicants filed a total of 60,946 applications.

The number of approved medical schools also is increasing to keep pace with the population growth of the country and the accompanying need for more physicians. In 1944 there were 77 approved medical schools (69 four-year schools, eight two-year schools). By 1958, there were 85 schools—81 of these were four-year schools. Two others now are being developed.

AMA's House of Delegates has urged the sound expansion of existing medical schools and the creation of new schools by universities which can provide the proper academic and clinical setting. The House recommends that this program of expansion be based upon careful, continuing study of the changing needs in all categories of medical activity.

But it is not enough that we have a larger number of well-trained physicians in the years ahead. As Dr. Louis M. Orr, AMA president, pointed out in his inaugural address in June, "They must also be dedicated men and women with a profound, sincere realization of their obligations to their patients and to all of humanity."

That is why it is important in this recruitment program to place the emphasis on the quality of the graduate rather than on the quantity of students.

Irritating Prices

Gallup Poll reporters recently asked a cross-section of U.S. adults, "Which price irritates most?" An overwhelming 41% listed food bills; 7% named utilities; 6% medical bills; 5% gasoline; 5% automobiles; 5% repairs (TV, automobile, etc.), and 23% listed a variety of other bills. Eight per cent said they didn't know which price irritated them most.

Another Space Age



As Others See It

Humanitarian Services

Tuckerton, N.J. Beacon

Not so many years ago, one of the country's leading family doctors criticized the trend toward specialization and expressed the belief that what this country needed was more old-time family doctors who took the time to know their patients, their families, and who understood their emotional problems, as well as their physical ones.

We are glad to say that in Southern Ocean County we believe our doctors have not fallen in with the modern trend to an objectionable extent. The charities and kindnesses performed by doctors in the local area should be pointed out in this connection. Many a little child or poor family, which could not afford proper medical attention, has been treated free by local doctors. Little publicity is given these events, but many doctors in this area are performing such humanitarian services daily.

In Southern Ocean County we are blessed with above-average ability and many kind hearts in the medical profession, and this is one of our greatest blessings.

Who'll Do the Work?

Chicago Sun-Times

This is an age of statistics. There are so many of them, of so many different kinds, that at times it seems we are in danger of drowning in a sea of statistics that threatens to engulf us on every side.

Accordingly, we were amused the other day by a bit of statistical horseplay that a friend was kind enough to send to us. We will concede at the outset that the statistics in this case are wholly assailable, but the conclusion is one with which we sometimes find ourselves in agreement.

POPULATION BALANCE SHEET Oct. 1, 1958

Population of United States	175,000,000
Population over age 65	57,300,000
People left to work	117,700,000
People under age 21	64,700,000
People left to work	53,000,000
Government employees	24,000,000
People left to work	29,000,000
People in armed forces	12,000,000
People left to work	17,000,000
City and state workers	16,800,000
People left to work	200,000
Insane and in hospitals	126,000
People left to work	74,000
Bums and drunks	62,000
People left to work	12,000
In jails and prisons	11,998
People left to work	*2

*You and me, and you better get busy as I'm getting sick and tired of running this country alone.

As I See It

Medical Cost Is Analyzed

A letter in a Chicago newspaper said that costs of medical care have increased far more rapidly than the cost of housing, food, and other necessities. The writer put the blame for this increase on high fees charged by physicians.

Let's look at some facts as published by the Bureau of Labor Statistics. Comparisons with 1939 show that the 20-year increase for medical care [106.09 per cent] is below the increase for all items [108.08 per cent] and for food [149.09 per cent].

Here are additional figures from the same source which show physicians are not overcharging. In 1933, the man-hours of work needed to pay for a visit to the average doctor's office were 4 hours and 48 minutes. Today, it only takes 1 hour and 42 minutes of work to pay for a visit.

In 1933, the man-hours of work needed to pay for the average doctor's call on a patient amounted to 7 hours and 42 minutes, in comparison today with 2 hours and 48 minutes.

Doctors are making more money today, as is everyone else, but probably no more than other people of similar intelligence and educational background. What is more, in general, doctors work harder for it.

Another element of medical care is hospital costs, which have risen a good deal. But compared with rentals on housing or hotel charges, these costs are not out of line.

The nation's drug bill is higher, too. However, the price of drugs that were in existence a decade ago has advanced little.

The big increase is for drugs added in recent years and which have produced wonderful results in saving lives and reducing the incidence of disease. — E. A. TWERDAHL JR., President: Arnar-Stone Laboratories.

"Quotes"

Former President Herbert Hoover: "While I can make no claim for having invented the term 'rugged individualism,' I should have been proud to have invented it."

President Eisenhower, commenting on the forthcoming visit of Soviet Union's Khrushchev: "I want him to see a happy people. I want him to see a free people, doing exactly as they choose, within the limits that they must not transgress the rights of others."

Bernard Baruch, financier: "The housewife is the most important person. She holds the world together."

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Letters

... As Readers See It

Endorsement Or Crutch?

In your July 27, 1959 issue, page 2, reference has been made to Dr. Allan M. Butler of Harvard Medical School said to be in favor of the Forand Bill and national compulsory health insurance.

My question is whether this is an implied endorsement of my Alma Mater or does the eminent doctor need a crutch to uphold his ideas! Such abuses of faculty affiliations of our medical schools, intentionally or otherwise, should be severely condemned.

ARISTOCLES G. AUGUSTINE, MD
Napanoch, N.Y.

Colloquialism

I have enjoyed very much reading your excellent newspaper and feel that it is one of the very real additions to medical communication. However, I would prefer not seeing so excellent a paper or fine an Association bow to "colloquialism."

Readers of the *Reader's Digest* were recently quizzed on the subject and found that the word "scan" means to "examine with care, to go over point by point." Only through colloquial use can it be rationalized that the word means "runs one's eye over hastily."

WILLIAM S. BRINES
Director, Newton-Wellesley Hospital
Newton Lower Falls, Mass.

Political Prejudice

I have been a member of the AMA for a long time, and *The AMA News* has been coming to me for some time. I have liked it until the issue of July 27, 1959. The page four article, "Socialized Medicine," is absolutely misleading if one is so ignorant as to believe it. Harry Truman was not for socialized medicine. There has been 10 times more open agitation for socialized medicine than ever before in twice that time since Ike got in.

Our journals, magazines and dailies allow too much misleading stuff printed. Why? Because they are too prejudiced, politically, one way or the other.

L. E. TREVATHAN, MD

Bruceton, Tenn.

(Editor's Note: The article to which Dr. Trevathan refers was an editorial reprinted in *The News* from one of the newspapers in Dr. Trevathan's own state of Tennessee, *The Chattanooga, News-Free Press*.)

Paternity Test

On page 13, (*The AMA News*, Aug. 10) under the heading "Court May Shun Paternity Test," reference is made to a 1946 decision of the Supreme Court of California that Charles Chaplin was bound to support a child of which, according to the testimony of the experts, he could not have been the father.

The result of this case was stated correctly. But your attention appears not to have been called to the fact that in 1953 the California Legislature adopted the Uniform Act on Blood Tests to Determine Paternity. (Code of Civil Procedure, Sections 1980.1-1980.7)

The sixth section of that act provides: "If the court finds that the conclusions of all the experts, as disclosed by the evidence based upon the tests, are that the alleged father is not the father of the child, the question of paternity shall be resolved accordingly. If the experts disagree in their findings or conclusions, the question shall be submitted upon all the evidence."

The result of this legislation is, of course, to overrule the Chaplin Case.

Sharing your view that the result of the Chaplin Case was erroneous I regard the Uniform Act of 1953 as constructive legislation.

DAVID E. SNODGRASS
Dean
Hastings College of Law
San Francisco, Calif.

Hay Fever

I would like to correct the implication about the commercial availability of the emulsified allergen preparation for the treatment of hay fever (*The AMA News*, Aug. 10). What I intended to say was that there had been so much recent public and professional interest in the method that it was likely that the demand would induce some organization to prepare it in larger amounts than the few allergists at present acquainted with its preparation are able to supply to other allergists who have learned this method of treatment.

Also may I correct the report that the repository method provided 98% of the patients with good clinical control. This undoubtedly was derived from an early newspaper article on the subject. The new method provides 75% effectiveness, thus reproducing the clinical benefits of multivisit methods of treatment in allergy. In short, it reproduces the safety and effectiveness of the older method, but does so with a striking saving of treatment time.

MARY HEWITT LOVELESS, MD
New York City



A BUSY PRACTICE at 87 keeps Dr. H. G. Eichhorn of Peoria, Ill., from his hobby—the horses on the wall behind him in the picture. When he has time he builds the horses on heavy wire foundations. Landscaping his home is another hobby of the physician who has been in practice for 63 years. Dr. Eichhorn was a champion sprinter while a pre-med student at Northwestern University 67 years ago.

Stating It Briefly

Health Information: All of some 2500 local units and councils of the Ohio Congress of Parents and Teachers are receiving health materials provided by Committee on School Health of Ohio State Medical Assn.

Community Honors: Colo, Iowa, honored Dr. S. B. Goodenow on completion of 50 years of practice of medicine. . . . Dr. C. O. Rogne was feted by Ettrick, Wis., for 36 years of service. . . . Some 15,000 people lined New London, Wis., streets to watch parade honoring Dr. F. J. Pfeifer for 50 years of medical practice there. . . . Ellwood City, Pa., paid tribute to Dr. H. E. Helling as he completed 50 years of practice in the city. . . . West Virginia State Medical Assn. chose Dr. Charles N. Slater of Clarksburg, as its General Practitioner of the Year.

Centennial Participants: Oregon State Medical Society won friends with its exhibit and first aid station at Oregon Centennial Exhibition & International Trade Fair.

Baby Count: Defiance, Ohio, *Crescent-News* reported that Dr. T. P. Fast, 85, who practices at Grover Hill, Ohio, has delivered more than 3,700 babies in past 59 years. That is enough to populate the village six times over.

Instruments on Display: A set of surgical instruments nearly 100 years old has been given to West Virginia University School of Medicine where they are on display. The set—including forceps, bone saws, chisels and surgical knives—was used by Dr. Hugh Workman Brock while a field surgeon during the Civil War.

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On the Legislative Front

The traditional high-jinks, such as impromptu barbershop quartets, that mark the last hours of a congressional session should break out two months earlier next year.

Overshadowing everything Congress does in 1960 will be the national elections. Republicans and Democrats have scheduled for July their national conventions to pick presidential candidates and write platforms. Though Congress may remain in session technically during the conventions by recessing activities, this is seldom done unless there's a national emergency. The lawmakers want to start campaigning early.

Clearing the Decks: The first session of a two-year Congress, when not worried about a presidential election, is often relatively unproductive. Many controversial issues are allowed to drag over into the second session. In contrast, every effort is made in Congresses such as the present one to get the thorny problems out of the way in the initial session instead of putting them off until the election year.

For one thing, the party leaders want to clear the decks early for the conventions. They also want as far as possible to avoid intra-party battles that could leave serious rifts going into the crucial campaign for control of the White House.

That's why Senate Leader Lyndon Johnson (D., Tex.) and House Speaker Sam Rayburn (D., Tex.) this year attempted to clear by adjournment labor reform and civil rights bills to go with Hawaii statehood, draft extension, continuation of corporate and excise taxes, and other major legislation that has been signed into law.

Keogh, Forand: As a result of the spate of bills cleared this session, even more attention will be focused next year on two measures that would have great impact on the medical profession. These are the Smathers-Morton-Keogh-Simpson bill to provide tax deferments for self-employed on money put into pension plans, and the Forand measure to broaden the social security

system to include health care for the aged.

Because the bills will die if not acted on next year (if Congress doesn't pass them they must begin all over again in the 87th Congress, from introduction through hearings, etc.), backers and foes of bills must intensify their efforts in the showdown session.

And those interested in legislation will be keeping in mind a lesson learned anew from the House vote on the labor reform bill this year—that there's no substitute for an aroused public opinion.

Next Session: The fate of many bills next session will depend on the state of the economy. There will be drives again for federal aid to depressed areas, school assistance, raising minimum wages, a new farm program, and perhaps boosting of social security benefits (something Congress has done every election year for years).

General tax relief doesn't appear likely.

Health Spending Up

Another new high for federal medical-health spending is in the works this fiscal year. The total outlays by Uncle Sam are slated to exceed the \$3 billion mark for programs in 22 separate agencies and departments. Last year's level was \$2.8 billion. In addition, payments to disabled persons through programs the federal government finances in whole or in part should run at least \$4.75 billion, last year's level.

Fallout Controversy

Despite the President's appointment of a cabinet-level committee to oversee federal work in protecting the public from radiation hazards, there will be another drive in Congress next year to transfer all responsibility from the Atomic Energy Commission to the Public Health Service. And there will be renewed controversy over radioactive fallout if widespread tests are resumed.



Washington Briefs

● Congress sent President Eisenhower legislation providing a three-year presumption of service connection for Hansen's Disease and a three-year presumption for multiple sclerosis.

● Public Health Service would undertake a two-year study of auto exhaust fumes and their effects on health under a bill approved by the House and sent to the Senate.

● HEW Department has approved 15 state applications for money to finance planning and preparation within the states for the 1961 White House Conference on the Aging. The funds totaled \$202,000.

● Dr. Clark T. Randt, Cleveland, was named executive secretary of a committee to advise the National Aeronautics and Space Administration on how it should deal with health problems of manned space flight.

● The unwitting physician who treated the assassin of President Lincoln, was sent to prison and later unconditionally pardoned, would be honored under a bill approved by the House Interior Committee. A tablet would be erected at Garden Key, Fla., to commemorate Dr. Samuel Alexander Mudd "in recognition of his great service during the yellow fever epidemic of 1867 at Fort Jefferson where he was imprisoned." The measure is supported by the Dade County Medical Assn.

Health Spending Under Scrutiny

President Eisenhower ordered federal officials to make sure that government health funds are spent wisely and efficiently this fiscal year. He said Congress may have appropriated too much money.

"Despite concern" about the size of the \$400 million outlay for the National Institutes of Health, the Chief Executive signed into law a \$3.9 billion appropriations bill for the Department of Health, Education and Welfare and the Department of Labor.

The NIH appropriation, part of the HEW money program, was \$190 million more than the White House proposed.

Hill-Burton: The legislation also called for \$186.2 million for the Hill-Burton program of federal grants for hospital construction, \$85 million more than recommended.

Eisenhower took exception chiefly to the NIH appropriations. "There is a limit to the rate at which medical research can grow and yet grow soundly," he said, emphasizing that like every American he was interested in the improvement of health.

He noted that NIH appropriations have increased fourfold in the last six years, and that the latest boost—from \$294 million to \$400 million—added 36% in a single year.

High Priority: "Because the American taxpayer is entitled to have his tax money spent wisely and efficiently," Eisenhower said he was directing HEW Secretary Arthur S. Flemming, and U.S. Surgeon General Leroy E. Burney "to take appropriate steps to satisfy themselves" that certain criteria are met in the review of any new research or training program.

The new programs, the President said, should be of such high priority and great promise that deferment would likely delay progress in medical discovery; they should not result in harmful diversion of man-power and other resources needed for teaching and medical care services; and "not bring about the substitution of federal for non-federal sources of support for medical research and training."

Fallout Radiation—There's Danger in the Future

A comprehensive Congressional report warned that if frequent nuclear tests are resumed in the future, "a hazard to the world's population could result."

However, the report by the Joint Congressional Atomic Energy Committee held that to date "man's exposure to fallout radiation is and will be relatively small compared to the 'normal background' radiation always existing."

Harmful Effect: Though generally optimistic about the current level of radiation, the committee cautioned that experts generally agree that "any dose, however small, produces some biological effect and that this effect is harmful."

The report was based on testimony presented at hearings earlier this year before a joint atomic subcommittee headed by Rep. Chet Holifield (D., Calif.), and on statements presented by other scientists.

Should nuclear tests over the next two generations follow the same pattern as in the past five years, the report said, "the predicted average concentration in bone will be about 48

strontium units"—referring to radioactive strontium-90 which can cause bone cancer and leukemia.

Close Enough: "This is close enough to the maximum permissible body burden of 67 strontium units set by the international commission on radiological protection to suggest that a hazard to the world's population could result during this period."

The report contended that the administration of the government's research program in the field, particularly in sampling and analysis, "has not received the high administrative-level support it needs to give it the necessary impetus... Adequate radiation standards must be developed in cooperation with the various federal, state, and private agencies."

Other highlights of the 42-page document:

● "No resolution was reached on whether or not a threshold level of radiation exposure exists below which effects such as cancer and leukemia do not result."

● The content of strontium-90 and cesium-137 (which can cause genetic damage) in food has risen since 1957,

even more rapidly than the total fallout.

● "Radioactive carbon-14 from past weapons tests could constitute a genetic hazard... comparable to, and in some estimates, in excess of, the genetic hazard from other fallout isotopes." However, this problem would be spread over some 1000 years due to the long life of carbon-14. The report declared that strontium-90 and cesium-137 "are still considered to present the greatest hazard in worldwide fallout."

Council Set Up: Shortly before the report was released, President Eisenhower appointed Arthur S. Flemming, secretary of Health, Education and Welfare, chairman of a new cabinet-level Federal Radiation Council to study and set safe standards for radioactive fallout from nuclear tests.

Other members of the recently-established council are the secretaries of Defense and Commerce and the chairman of the Atomic Energy Commission. George B. Kistiakowsky, the President's Special Assistant for Science and Technology, will advise the council.

The President's actions were a result of an Administration study of which federal agency should have chief responsibility for protecting the public from fallout dangers. Legislation has been introduced in Congress to transfer such responsibility from AEC to HEW's Public Health Service.

Job for States: In naming the council, Eisenhower noted that he has already recommended that the states assume fallout responsibility as soon as they can, and that AEC will have the task of preparing the states.

Other radioactivity developments:

● Public Health Service reported that radioactive content of milk collected across the country remained far below permissible danger levels.

● HEW Secretary Flemming told a news conference he planned to ask Congress this year for supplemental appropriations for the food monitoring program being carried out by PHS and the Food and Drug Administration. Flemming also said FDA is "now checking more than 50 foods in the normal human diet and will have some figures on (strontium-90) content of these in about a month."

Federal Workers' Health Plan Near

A voluntary, contributory health insurance program for civilian government workers moved closer to congressional passage with overwhelming House approval of a measure similar to one adopted by the Senate earlier in the session.

The House bill, which had been unanimously approved by the House Post Office and Civil Service Committee, trimmed the cost to the government and made some other changes in the Senate legislation in order to meet Administration objections.

Endorsed by AMA: Sen. Richard M. Neuberger (D., Ore.), and several House members had prepared separate measures to provide a program for already-retired workers, which the American Medical Association endorsed in principle.

In introducing his bill, Neuberger, chairman of a Senate Post Office and Civil Service Subcommittee that considered the legislation, told the Senate: "I am pleased to report that the American Medical Association has given its active endorsement to a policy of covering retired federal civil employees." He placed in the Congressional Record a letter from Dr. F. J. L. Blasingame, executive vice president of the AMA.

The House bill would reduce the cost to the government from \$145 million to \$107 million a year, eliminate a special bureau within the Civil Service Commission to handle the program, and strike provisions for high-ranking government officials to participate on an advisory council on insurance.

U.S. Contributions: It also called for maximum and minimum contributions by the government so that the U.S. could pay less than 50% of the cost if desired. The Senate bill provided only maximum figures and a mandatory 50 per cent contribution.

Both bills leave many decisions on insurance up to the Civil Service Commission. Blue Cross and Blue Shield would be eligible to participate under both bills.

Nursing Home Bill Approved

The new housing bill that cleared Congress provided federal encouragement for construction of proprietary nursing homes, a provision endorsed by the American Medical Association and the American Nursing Home Assn., among others.

The program was not changed from that in the original housing bill vetoed by President Eisenhower. The overall measure as it went to the President a second time called for \$1,050,000,000 of federal housing programs, cut from \$1,375,000,000 in the vetoed legislation.

Under the non-controversial nursing home program, the Federal Housing Administration could guarantee up to 75% of private loans for building proprietary nursing homes, provided the homes met certain qualifications.

Other provisions of the overall measure called for a \$25 million authorization for interns' and nurses' housing (the figure was \$62.5 million in the vetoed bill); provided a \$50 million revolving fund for direct loans to private, non-profit corporations building housing projects for the elderly, and FHA mortgage guarantees for elderly persons' housing projects.

Chiropractor Role Tested

A St. Louis court battle centers on the question: Can a chiropractor legally certify that a citizen is physically disabled and qualified to cast an absentee ballot?

Dr. Robert Rainey, St. Louis surgeon, was defeated by Mrs. Louis W. Buckowitz by 28 votes in a St. Louis Board of Education election in April.

Circuit Judge O. P. Owen, on Dr. Rainey's petition, ordered the Board of Election Commissioners to re-examine absentee ballots cast in 313 precincts. Dr. Rainey seeks to have the court rule out all absentee ballots cast by voters certified by chiropractors as too ill or disabled to go to the polls. He said that if this is done Mrs. Buckowitz's margin will be gone.

The Missouri Supreme Court declined to issue a writ of prohibition to prevent the recount.

The court has granted permission to the Missouri State Chiropractors Assn. to intervene in the lawsuit in view of the issues raised against its members.

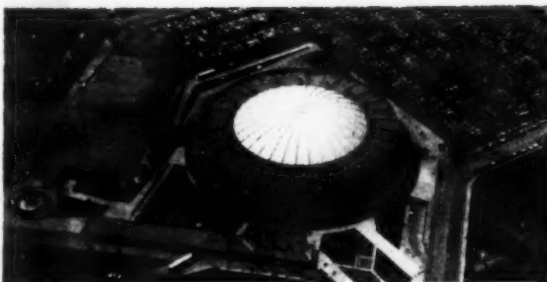
An appeal for funds from St. Louis area physicians to help Dr. Rainey was made in *St. Louis Medicine*, official bulletin of the St. Louis Medical Society. The editor, Dr. David N. Kerr, pointed out the society had decided it could not contribute, but he urged support of the test to get a ruling "defining what is and what is not the practice of medicine."

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Indications for Hysterectomy—Willis H. Jondahl, Harlingen, Texas—Lecture
Rheumatoid Arthritis—W. Paul Holbrook, Tucson, Ariz. Panel Moderator
Colloidal Isotopes and Leukemia—Joseph M. Hill, Dallas—Lecture
Treatment of Diabetes—Randall G. Sprague, Rochester, Minn.—Panel Moderator
Infectious Diseases in Children—Harris D. Riley, Jr., Oklahoma City—Panel Moderator
Tranquillizers in Medical Practice—Stewart Wolf, Oklahoma City—Lecture
Surgical Approaches to Parkinson's Disease—William W. McKinney, Fort Worth—Lecture
Congestive Heart Failure—James V. Warren, Galveston—Panel Moderator
Peptic Ulcer in Rheumatoid Arthritis—Lloyd G. Bartholomew, Rochester, Minn.—Lecture
Immunization and Its Future—Blair E. Batson, Jackson, Miss.—Lecture
Children's Eyes—Tullio O. Coston, Oklahoma City—Lecture
Obstetrical Emergencies—Willis E. Brown, Little Rock, Ark.—Panel Moderator
Hernia Repair—Francis C. Usher, Houston—Lecture
Prenatal and Marital Counseling—Oren R. Depp, New Orleans—Panel Moderator
Anticoagulants and Choice of Drugs—James W. Culbertson, Memphis, Tenn.—Lecture

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Threats to Medicine Outlined

The American physician must realize the important part he must play in the battle to keep American medicine free, Claude Robinson, PhD, told the 1959 Public Relations Institute of the American Medical Association.

Dr. Robinson is chairman of the board of directors of Opinion Research Corp., Princeton, N.J.

A German physician and a Canadian medical society executive spoke at the same session, warning of the dangers of governmental medical programs.

Physicians' Role: "Doctors must get over their reluctance to sell medicine and must assume some of the responsibility to preserve medicine's freedom," Dr. Robinson declared.

Dr. Robinson suggested medicine's strategy in the fight against socialized medicine should be an "everlasting effort to improve service and cut down on complaints," and to continue to study the medical market and anticipate its needs and problems.

Social Changes: He said the medical profession has been remarkable in its ability to participate and accept great technological changes, but has been "somewhat slower" in accepting social changes.

The differences between political promises about a government medical program and the realities are astonishing, Dr. Rolf Schlogell of Cologne, Germany, told the PR Institute. The great financial danger in any government program is not as much in the increased costs as in the absolute con-

trol over every expenditure, he pointed out.

He cited these dangers in government medical care:

- Attempts to equalize individuals and standardize conditions.

- Possible restrictions of freedoms which are decisive factors in the doctor-patient relationship.

Budgetary Control: The quality of medicine cannot be enhanced by any program that must stress equality of care, B. E. Freamo, assistant secretary of the Canadian Medical Assn., Toronto, said.

The long-term result of any complete government medical care program will be decadence in the art of medicine, Freamo believes. He cited the Canadian medical profession's concern over the government's budgetary control of all hospitals.

Fee for service arrangements are only partial economic protection for MDs participating in government programs, CMA has discovered. Freamo said it becomes evident that no matter what arrangements are made, it is inevitable that the government will impose ceilings on earnings.

Medical Career Stressed

The family doctor is the person turned to most for advice by young people who are interested in a medical career, a high school vocational counselor told the AMA's 1959 Public Relations Institute.

Gary L. Mills, PhD, Northbrook, Ill., said family doctors should know the educational requirements for, and the opportunities in a medical career.

Dr. Mills advised physicians to make themselves available for consultations with young people in order to attract them into medicine: "Their vocational choices depend on the people with whom they come in contact."

The challenges of new concepts in biological sciences are greater now than those in the physical sciences, said Dr. John A. D. Cooper, associate dean of Northwestern University Medical School.

Medicine must find better ways to finance the long education required for physicians, Dr. Cooper warned. It has to compete with other professions that "practically finance post-graduate educations."

Dr. Walter Wiggins, secretary, AMA Council on Medical Education and Hospitals, said that medicine must have a greater number of qualified students in the years ahead. He said the percentage of college graduates entering medicine has been decreasing.

AMA and the Association of American Medical Colleges outlined at the institute their new program to attract top high school and college students into medicine. (The AMA News, Aug. 10, 1959). Included are a new motion picture, exhibit, and literature.

Kidney: Dr. Belding H. Scribner, Seattle, Wash., reports that artificial kidneys in many instances should be used earlier and more frequently than has been the usual practice. He said that from five years' experience in using the devices at the Seattle VA hospital, he believes the artificial kidneys should be used primarily to prevent uremia, rather than to treat patients after the ailment occurs.

Heart: A scientifically controlled study on the relationship of diet to heart disease suggests that a "prudent diet" can lower the cholesterol level in the blood without altering body weight or vigor. The study was reported by Drs. Norman Jolliffe and Seymour H. Rinzler, and statistician Morton Archer, all of the Bureau of Nutrition, New York City Dept. of Health. The diet ruled out solid fats and ordinary margarine. It encouraged use of margarine with a high linoleic acid content. At the end of the first six months, the average weight of a 79-man group only dropped from 154.3 pounds to 153 pounds. The average cholesterol level dropped from 251 to 222 milligrams per 100 cubic centimeters of blood serum.

Syphilis: A crude protein vaccine under investigation at the University of Michigan Medical Center has proved to be 50% effective in immunizing laboratory animals against syphilis. The vaccine was developed by Albert N. Wheeler, PhD, who said future refinements of the serum may produce even higher levels of protection against syphilis and syphilis-like diseases.



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Good Financial Program Needed

Practical problems of management were explored by nearly 200 executive secretaries at the 1959 Institute for Medical Society Management at Chicago.

The executives heard discussions by recognized authorities in the fields of committee organization and operation; conventions and meetings; association financing; association bulletins, journals and publications; programs and activities.

Panel discussions and "buzz" sessions gave the executives a chance to trade ideas on subjects ranging from letter writing to membership records.

Sound Financing: John L. Spafford of St. Louis, Mo., executive vice president of Associated Credit Bureaus of America, Inc., told the Institute that financial operation is the heart of any medical society.

He said sound financing is dependent on whether a society has a clear slate of objectives and complete program of activities for its members.

Income, he said, can be derived from dues, trade shows, the sale of forms and advertising materials, from advertising in publications, and return from investments.

Tax Implications: Spafford said when a society has many sources of income, it should check into all tax implications, since too much income could affect its tax-exempt status.

Emergency requests for unbudgeted funds destroy members' confidence in the executive, Spafford said. To avoid this, a systematic building of an adequate financial reserve is necessary. The reserve should be equal to the normal annual budget and funds should be allocated to the reserve annually until the goal is reached.

Spafford suggested a "conservative but intelligent" policy for investing the reserves. He cautioned that a portion of the investment should be readily convertible to cash in case of an emergency.

Activities Programs: No society has an adequate program of activities, the Institute was told by Samuel B. Shapiro, secretary of the Linen Supply Assn. of America, Chicago.

Shapiro said a basic principle of an activity program requires that activities be geared to members' needs—as those needs are expressed by the members.

Shapiro advised a "democratic operation" of the society, with all members having a voice in society affairs. He also suggested that activities be geared to long-range needs and he cautioned the executives against "manipulating" officers and members.

He said an executive must make it clear to the members that he is the professional person in organizational management.

Simplicity, Accuracy: Miss Muriel F. Collie, Chicago, said that in preparing their publications, executives should be explicit, use simple words, report accurately, use correct grammar, and

should plan intelligently and conscientiously.

Material should be directed at the members' specific interest, she said, and responsibility for content should be in one person.

Most programs at meetings are stereotyped and executives should not be afraid of showmanship, Fred J. Greiner, Columbus, Ohio, told the executives.

Resource File: Greiner, executive secretary of the Ohio Dairy Products Assn., said panels, skits, movies, and displays sustain interest in a meeting.

Executives should maintain a resource file of convention programs from other areas and associations and should draw freely upon that file, Greiner said. Records of past meet-

ings should be maintained.

Greiner said wives of members should be encouraged to attend meetings and a light schedule of activities should be planned for them.

Committee Duties: William H. Rockwell, secretary of the American Carpet Institute of New York City, said societies have committees for four reasons: To advise the board of directors on policy, to share responsibility for decisions, to administer specialized programs, and to give members a chance to participate in the society's activities.

Committee structure should be reviewed periodically, he said.

Keynote speaker for the Institute was Kenneth McFarland, PhD, Topeka, Kan., an educational consultant.

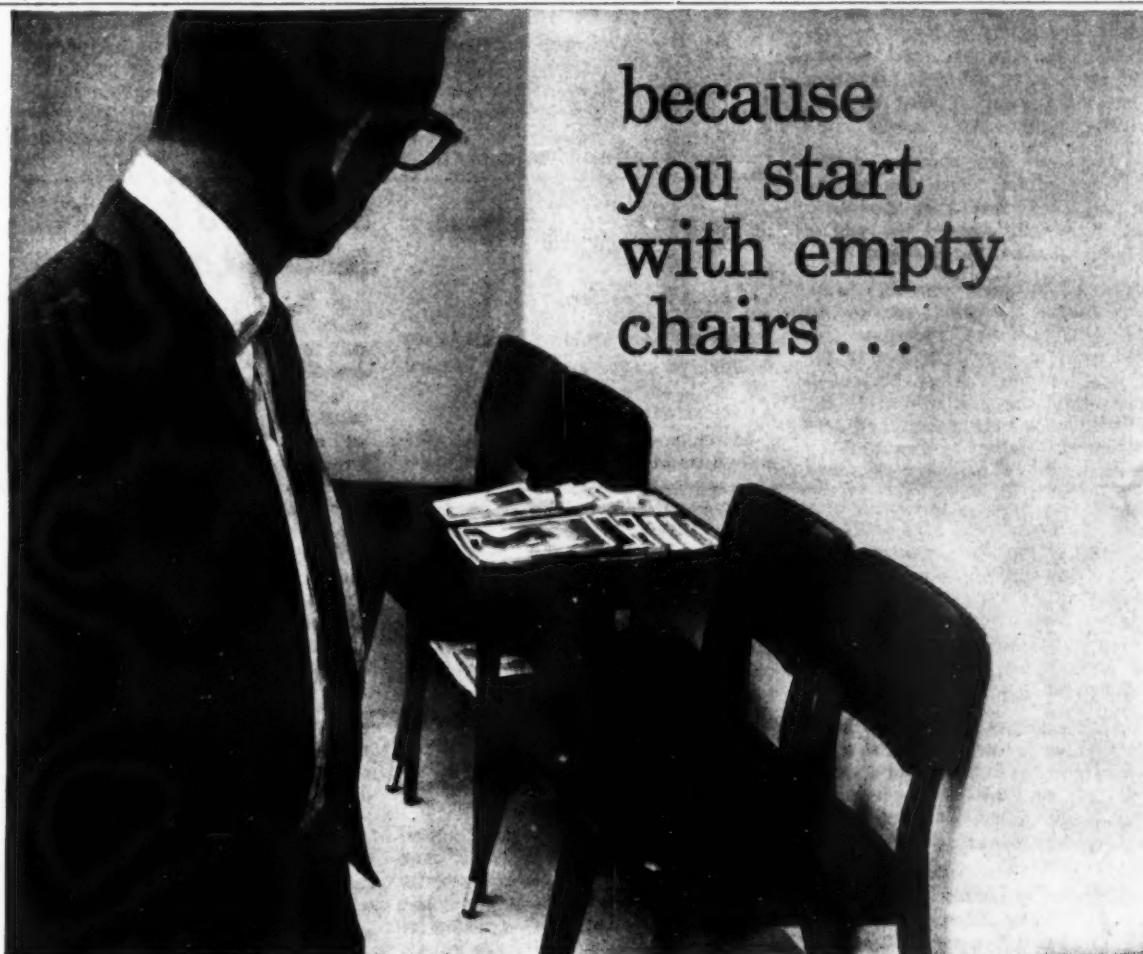
Paralytic Polio Still Increasing

Paralytic polio cases climbed through the middle of August, reaching 297 cases for the week ending Aug. 15. This was the highest weekly incidence since September, 1956. Previous high for this year was 245 for the week ended Aug. 7.

The newly reported cases brought to 1839 the total number of paralytic cases this year, compared with 784 during the corresponding 1958 period.

In 1955, first year the Salk vaccine became available to the public, more than 3649 cases were listed for the same period.

PHS said 2,413,062 doses of vaccine were released during the latest week. In addition, 535,158 doses of quadruple vaccine for children was released. Vaccine production for the year totaled 56,138,550 doses, up from the 48,695,275 doses for the same period last year.



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Which Gun Is Best For You?

By Erwin A. Bauer*

With the first nip in the autumn air, the leisure-time thoughts of many physicians turn to the approaching hunting seasons. And whenever MD-sportsmen gather, the conversation usually drifts around to this question, "Which gun is best?"

Sports Afield

There really is no single shotgun which is best for all types of wing-shooting although some are better all-purpose guns than others. Upland shooting—for quail, grouse, pheasants, woodcock, and rabbits, all of which flush close to the shooter—requires a fairly light gun which "swings" easily on a fleeting target. For this, the traditional gun has always been the double barrel, but in recent years, new and light repeaters are becoming more popular because they are cheaper.

Fit Required: Any shotgun should "fit" the shooter. That means he should be able to look down the barrel in the same split second the gun is raised to the shooting position.

For quail, grouse, woodcock, rail, and cottontail shooting, 20 or 16 gauge with modified choke or improved cylinder barrels 28-inch or 28½-inch long is ideal. An experienced gunner might use a smaller .410 for quail, woodcock, and rails. Pheasants are stronger, tougher to drop and for them it's wise to use a 16 or 12 gauge gun with modified choke.

On single-barrel guns it's possible to have a multiple choke device installed for versatility. For all upland shooting and small-shot sizes give best results because of a more dense shot pattern. Size 8 or 9 shot is best for quail, woodcock, and grouse; size 6 or 7½ for pheasants, rabbits.

Shot Sizes: Repeating guns are well-suited for waterfowl. The best duck or goose gun for blind or pass shooting is a 12 gauge with either modified or full choke 30-inch barrels. Good shot sizes are 6 (for ducks) and 2 or 4 (for geese).

Selection of the correct rifle is even more perplexing than picking the right shotgun. Rifles are built in four different actions: Bolt, lever, slide (or pump), and autoloading. Which to use is again a matter of personal preference, but bolt action rifles now in use far outnumber all others.

Practically all small-game rifles are .22 calibre — the old standard .22 long rifle for squirrels and rabbits; the "hot" .22s (such as the .22 Hornet, .222, .222 Magnum, and .220 Swift) for long range shooting on woodchucks, foxes, coyotes, and so on.

For Big Game: It actually is possible to select a best, or most versatile, big-game rifle—a bolt action .30-06. It's effective for practically every species of North American big game.

Except for shooting in brush or heavy cover, it should have a telescope sight attached—say either a 3X, 4X (4 power), or a variable-power hunting scope. The list of effective big-game calibres is endless, but here are a few others: .270, .280, .300, .308, 7 mm, .358, and .375, the last two for the biggest, most dangerous game.

*Erwin A. Bauer, Columbus, Ohio, is a nationally known authority on hunting and fishing.

Team Physicians Predict

'59 Football Champs

Football team physicians—the men who know and love the autumn sport—pick Oklahoma to win the mythical 1959 college championship.

A survey of leading college football team physicians by *The AMA News* also showed that these MDs think Mississippi and Purdue will be the teams pushing the Sooners for top honors.

As for conference champions, here's how team physicians in various parts of the country saw their respective races:

Big Ten—Purdue nosing out Ohio State and Northwestern.

Ivy League—Princeton barely shading Dartmouth.

Atlantic Coast—North Carolina a solid choice.

Southern Conference—West Virginia tops.

Southwest—Texas Christian University beating out Southern Methodist.

Southeastern—Mississippi in a



close race with Louisiana State University.

Big Eight—Oklahoma a shoo-in. **Skyline**—Wyoming repeats.

Incomplete returns made it impossible to pick the top team on the West Coast which is in the throes of re-establishing order after the death of the old Pacific Coast Conference.

Stronger Label Bill Is Sought

Precautionary labeling of all chemical products containing hazardous substances was urged by the American Medical Association.

Hearings on a bill to regulate interstate distribution and sale of packages of hazardous substances "suitable for household use" are being held by the Senate Interstate and Foreign Commerce Committee.

The AMA recommended the bill be extended to include all hazardous substances distributed as packaged chemicals for non-manufacturing purpose and not be limited to those intended for household use only.

Warning Symbols: It also recommended that appropriate warning symbols—such as the skull and crossbones—be required to indicate the type of hazard.

The danger in not labeling all chemical products was illustrated by mortality figures quoted several months ago by Bernard E. Conley, Ph.D., secretary of the AMA's Committee on Toxicology.

Dr. Conley said about 1400 persons die yearly from accidental overexposure to packaged chemicals and packaged chemicals and one-half of all substances causing accidental injury and deaths are not required by law to carry warnings on their labels.

"Chemicals used in commercial establishments, such as hotels, garages, laundries, and restaurants, need the benefit of labeling as greatly as those entering the home," he said. "Examination of over 1000 varieties of products revealed that three-quarters of these contain substances which are moderately toxic or worse."

1927 Law: Congress in 1927 passed a law requiring labeling of caustic poisons. That law was patterned after model legislation prepared by AMA.

Since the 1927 law was passed, many new compounds have been marketed but are not covered by legislation.

The AMA's position on the current bill was outlined in a letter from Dr. F. J. L. Blasingame, executive vice president, to Sen. Warren G. Magnuson (D., Wash.,) committee chairman.

Swallowed Dentures Lead to Law Suit

A Memphis, Tenn., hospital was made defendant in a \$50,000 damage suit arising from a set of swallowed dentures.

Gary Edward Chapman said he swallowed a dental plate in his sleep and went to Methodist Hospital, where x-rays failed to show the lost plate.

Chapman alleged that he was ordered to leave the hospital. Later, he claimed, another hospital located the plate in his stomach and it was removed by surgery.

Periodic Eye Tests For Children Sought

Periodic eye examinations of every child by ophthalmologists were recommended in a report published by the National Medical Foundation for Eye Care.

The report said the examinations should be started in infancy.

Until the public has been educated to the need for examinations, the report added, school screening programs will be necessary.

Copies of the report are available free from National Medical Foundation for Eye Care, 250 West 57 Street, New York 19.

Mental Health Group Named

Ten state health officials and two Public Health Service representatives were named to a committee which will develop a basis for nationwide improved planning of mental health facilities.

Surgeon General Leroy E. Burney said that in the past, emphasis was placed on providing large institutions for the mentally ill.

"Services now being developed," he said, "include outpatient and emergency service through hospital clinics or mental health centers, increased use of general hospitals for treatment of psychiatric patients, half-way houses, and nursing homes."

An adequate program, he said, stresses continuity of care and a wide spectrum of services both community-based and hospital-oriented.

Russian Leadership In Science Seen

Russia will be the unquestioned leader in the scientific field in 10 years.

That prediction was made by Edward Teller, PhD, in a copyrighted story written for the Associated Press. Dr. Teller was a leader in the development of the hydrogen bomb.

Dr. Teller said it takes many years to educate a scientist and the chief contribution to scientific work is made by persons between 25 and 30.

"The people on whom this duty will fall in 10 years are learning today," he said. "They are in greater number and they are better educated in the Soviet Union than they are anywhere else."



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Medicolegal

Public Liability Insurance Needed

Every physician who maintains an office would be wise to carry public liability insurance.

This type of insurance provides protection against claims from persons who suffer injuries while on the physician's premises and which did not arise out of the rendition of professional services.

One Firm: According to a member of the AMA Law Division, it is advisable for the physician to carry his malpractice insurance and his public liability insurance with the same firm. He explained:

"Sometimes there is a question as to which policy covers a specific injury. If the physician's policies are with the same firm, he is assured of protection from one or the other of the two policies."

Difference Explained: The difference in coverage between professional liability insurance and public liability insurance was explained in this way.

If a patient comes to the doctor's office, trips and injures himself before the physician sees him, this probably will be covered by public liability insurance.

If the patient, while undergoing treatment, slips in the examining room and is injured, this probably will involve professional liability insurance.

Gray Area: However, there is a gray area in which responsibility for coverage may be disputed. Here is one example of such a dispute.

A woman brought in her child for treatment. She held the child while the doctor treated the ailment. The child kicked. The instrument held by the physician slipped out of his hand and injured the mother. The mother then sued for damages.

In this instance, the court ruled that the firm providing malpractice insurance should give coverage.

5 Medical-Legal Films Available

A 30-minute black and white movie which tells how medical science can help exonerate innocent persons accused of a crime was premiered at the American Bar Association's annual meeting in Miami Beach, Fla.

The film, entitled *A Matter of Fact*, is the fifth in a series of six films dealing with medical-legal subjects. They are co-sponsored by the American Medical Assn., and the ABA.

The new film tells the story of how a man is freed of a murder charge after medical examinations show that his wife tried and failed to strangle herself, then died of natural causes.

The AMA's Committee on Medical-Legal Problems provided technical assistance to the script writers and Dr. Russell Fisher, chief medical examiner for the state of Maryland, was medical advisor for the production.

All five films are available for showing to medical groups and bar associations. Interested groups should write the Film Library, American Medical Association, 535 N. Dearborn, Chicago 10.

Other film titles are *The Medical Witness*, *The Doctor Defendant*, *The Man Who Didn't Walk*, and *No Margin for Error*.

Questions & Answers

Choice of Office Site

Q—I am considering the purchase of a lot on which to build an office for two practicing physicians. What should I look for in a location.
W.M., MD
Missouri

A—First, you should consider the most ideal location from your standpoint as well as the patients' standpoint. Then check with a reliable realtor regarding availability of property. If the building site is in a residential area, check with your local zoning commission to find out if medical offices are permitted. You also should make sure the sewer, water supply, electric service, telephone service, gas service, and parking facilities are adequate. This is particularly important if you are locating in a suburban area. It also is wise to use the consulting services of an architect to help make the final decision about purchase of the property. And you'll probably want to utilize the services of an architect in the design of your building. Since building an office is a business venture involving the expenditure of considerable money, the whole process should be conducted in a business-like manner.

Q—What has been the experience of physicians who have their offices in their homes? Is it a satisfactory arrangement?

F.C.D., MD
California

A—The home-and-office combination is seldom satisfactory. It is true that such arrangements save time and money, but there usually is not enough privacy for patients and the physician never escapes from practice. Zoning restrictions in many residential areas do not permit doctors' offices in their homes.

Fitness Conference Set for This Month

A Conference on Fitness of American Youth will be held Sept. 13, 14, and 15 at the Air Force Academy in Colorado Springs, Colo.

Attending the meeting will be the President's Council on Youth Fitness, consisting of seven cabinet members, and the President's Citizens Advisory Committee on Youth Fitness, consisting of 129 members, 11 of whom are physicians.

The AMA House of Delegates last June approved in principle the aims and objectives of the two groups.

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Q—When, if ever, do outsiders have a right to look at a physician's medical records?

E.K., MD
Michigan

A—A physician need not give out medical records except when officially requested to do so by the proper law-enforcing bodies or when he is referring a case to a colleague for further treatment. In instances of referrals the MD decides whether to send the complete file on the patient or transmit only pertinent data, answering specific questions the other physician asks. The governing point is the welfare of the patient.

Legislative Policy Urged for NMA

Formation of special committees to establish a unified policy for the National Medical Association on congressional bills in the health and medicine fields was urged by the association's new president.

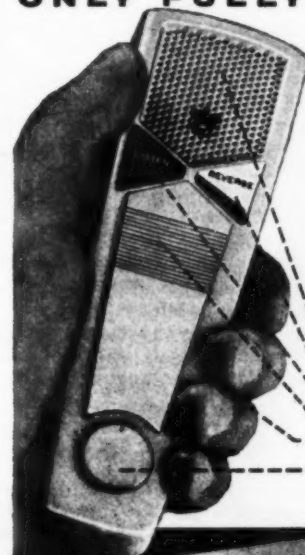
Dr. Edward C. Mazique, Washington, D.C., internist, succeeded Dr. R. Stillman Smith, Macon, Ga., as president of the NMA at its 64th annual convention at Detroit, Mich. Approximately 1,500 of 5,000 members attended the meeting.

Dr. Mazique outlined NMA plans for an accelerated campaign against segregation in medicine. He said the campaign will be aimed at Congress, state legislatures, and civic groups "to help broaden everyone's basic thinking on the subject."

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Scanning the News

Research Project: University of North Carolina's School of Medicine and School of Dentistry will cooperate in a two-year study of dental treatment for persons suffering from hemorrhagic diseases. Project is financed by U.S. Public Health Service.

Troubled World: International obsession with large bustlines is symptomatic of insecure world condition, says president of a foundation garment company. A large bosom, he claims, has always been a symbol of security.

Slide Kit: A kit consisting of 188 color and black-and-white slides on subject of heart and circulatory diseases is available to MD speakers from American Heart Assn., 44 E. 23rd Street, New York 10. Descriptive materials, electrocardiograms, models, accompany slides, all grouped for medical or lay audiences. Cost is \$80.

Aging Conference: Funds totaling \$202,000 were granted 15 states for financing state conferences on aging and to help pay costs of state participation in the 1961 White House Conference on Aging. Grants, ranging from \$5000 to \$15,000, are made by Department of Health, Education, and Welfare.

Aviation Medicine: A class of 125 medical officers, including 10 from the Army, entered the School of Aviation Medicine's 59-C Primary Course in Aviation Medicine this month. It was the first class to be started in the school's new Academic Building at Brooks Air Force Base, San Antonio, Tex.

Pharmacognosy: Formation of a new international scientific organization—the American Society of Pharmacognosy—was announced recently by Edson F. Woodward, temporary chairman of the new group. The society was formed by 150 pharmacognosists attending meetings at University of Illinois' Chicago Professional Colleges.

Research Building: U.S. Public Health Service recently approved a \$1,068,034 grant for the construction of the Philip D. Armour Clinical Research Building at the University of Chicago. Total cost is estimated at \$3 million. It is expected to be completed in 1961.

Favorable Statute: Illinois Legislature recently enacted statute whereby a physician, who treats injured person and is not paid, shall have a lien (claim) on whatever damages the injured party receives. Total amount of all physician liens is not to exceed 1/3 of sum paid to the injured person. Some 10 states have similar laws.

Mental Health: Dr. Leo H. Bartemeier, Baltimore, Md., represented both the American Medical Association and the United States government at the meeting of the World Federation of Mental Health in Barcelona, Spain, Aug. 30-Sept. 5. Dr. Bartemeier, chairman, AMA Council on Mental Health, was notified of his appointment as official U.S. representative in a letter from President Eisenhower.

Bridge Doctor— Equanimity Essential

(EDITOR'S NOTE: This is the second article of a four-part series on bridge written especially for *The AMA News* by Dr. John W. Fisher, current National Master's Open Champion, American Contract Bridge League. Dr. Fisher, a Dallas, Tex., gastroenterologist, is the first physician to win this title.)

By Dr. John W. Fisher

What goes into the making of a top bridge player?

I personally believe the greatest attribute is that of equanimity—the ability to sit steady in the boat and not become shattered or disturbed by one or two bad results in the game.

Further, one must exercise the power of concentration, which in turn comes from a genuine interest in the proceedings and a burning desire to perform with excellence. Of lesser importance are the analytical mind and a keen memory.

Rapport Needed: But equanimity is foremost because bridge is essentially a partnership game. To reach the proper contract and to execute the carefully-timed defensive plays, there must be a rapport between two partners. When this essential meeting of mind and spirit is shattered by a temper tantrum, the harmony is dissolved—and likewise the score.

In national tournament play, physical stamina is very important because the eight or nine day tourney becomes a regular marathon, requiring eight or ten hours of play daily. This may be one reason why women don't predominate on the winner list of the big tournaments—they simply don't have the stamina to keep sharp during the long hours of a play.

On the home scene, I believe many women lack the power of concentration to make good players. They are too interested in what Sadie Lou is wearing.

If man and wife play as a team, it is wise for them to study together from the same texts, so that there



BRIDGE EXPERT Dr. John W. Fisher will appear in a segment of *Championship Bridge*, a filmed television series slated to begin Oct. 18 on ABC-TV.

will be uniformity in bidding and defense.

Reading List: There are many good books on bridge, but the following are essential for study if one wishes to develop a top game:

Charles Goren's *Goren's Contract Bridge Complete*, which contains in detail all the fundamentals of bidding, playing, and defense.

Silodor Says, written by top-ranking bridge expert Sidney Silodor. In this work are many of the advanced bidding techniques which will be valuable to the post-graduate student of bridge.

Oswald Jacoby's *What's New in Bridge*. Jacoby's name is, of course, synonymous with expert card playing and this book contains all of the new conventions which have arisen in the past 10 years.

Next issue: Bridge psychology.

Action on Third Parties 'Definite'

Acceptance last June by the AMA's House of Delegates of 39 recommendations made by the Commission of Medical Care Plans marked the

establishment—for the first time—of an AMA policy on third parties and medical care.

Dr. Louis M. Orr, Orlando, Fla., AMA president, told the West Virginia State Medical Assn., that many physicians erroneously believe that the House did not take action on the report submitted by the commission after a 3½-year study.

Dr. Orr said Part I of the commission's report contained its findings, conclusions, and recommendations. He said the House received the findings and conclusions as "information only," and that statements in those parts of the report cannot be cited out of context as official AMA policy.

"However," he added, "the House did take definite action on the commission's 39 recommendations. It accepted 36 of them without change, and it reworded three others involving miscellaneous and unclassified plans."

Dr. Orr said the recommendation concerning free choice of physician reaffirms the AMA's "... faith in the principle of freedom of choice ... and also recognizes the patient's right to choose the type of medical care plan he wants—including a closed panel plan."

Patients Sought For 2 Studies

The Clinical Center, National Institutes of Health, Bethesda, Md., has asked for the cooperation of physicians in securing patients for studies in malignant carcinoid and Sjogren's syndrome.

NIH seeks malignant carcinoid patients who are not yet in the advanced bedridden stage of the illness. Physicians interested in the possibility of referring such patients are asked to contact:

Dr. Charles G. Zubrod or Dr. Emil Frei, III, National Institutes of Health, Bethesda 14, Md. (Phone OLiver 6-4000).

Purpose of the Sjogren's syndrome study is to define the clinical, histological, and immunological spectrum of the ailment.

Physicians interested in referring patients are to contact Dr. Joseph J. Bunim or Dr. Kurt J. Bloch at NIH.

2 Court Actions Started by FDA

A campaign to "clear the market" of misbranded appetite depressant products containing phenylpropanolamine as the active ingredient was begun by the Food and Drug Administration.

Court actions were started against two firms and an FDA spokesman said the agency is "looking into" the possibility of court actions against similar products in which phenylpropanolamine is combined with other ingredients.

Injunction Asked: Defendants in the suits filed are the Wilson-Williams Co., Inc., Tuckahoe, N.Y., and Vishy Drug Products, Hollywood, Fla.

In the action against Wilson-Williams company, the government alleged that introduction of the drug "RX-120" into interstate commerce violated the Federal Food, Drug and Cosmetic Act.

The suit asked an injunction to prohibit marketing of the drug and also charged that the company's assertions about the drug's reducing capabilities were false.

The FDA seized 12,600 "Slim-Drin Tablets" distributed by Vishy and charged that claims that the drug is a treatment for controlling obesity and for relieving asthma are false and misleading.

13 Others Seized: In other action by FDA, 13 drugs and devices were seized during July, eight on charges of false and misleading curative claims. Other seizures involved products whose ingredients were not declared on the label, and new drugs marketed without clearance for safety.

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Billing Errors Injure Practice

(EDITOR'S NOTE: This is another in a series of articles on practice management. Articles in the series are submitted by individual members of the Society of Professional Business Consultants and represent their individual approaches to the subjects.)

From the physician's standpoint, financial records must be accurate to save omission of charges, overstatements of payment, and income tax difficulties.

From the patient's viewpoint, errors are even more serious for they can destroy confidence in the doctor and undermine the goodwill of the practice—the physician's livelihood.

Because of variations in the volume and flow of paper work, and the time available for it, there is no one ideal method for keeping proper and adequate financial records. Here, however, are a few office procedures which will increase accuracy and/or save time:

Receipts and Files: Receipts in duplicate, pre-numbered and printed with the doctor's name, should be given without exception for all payments in currency.

Account cards have widely displaced loose-leaf ledgers because they permit immediate proper filing for accounts of new patients, and transfers between "open" and "paid" files. Cards should have:

- Name of responsible person and current address on both face and back.
- Adequate room for notations on services and arrangements for payment.
- Place of employment of patient and/or responsible person.
- Symbols M-S-W or D for women's marital status.
- Insurance company and contract number.

One financial card serves the family unit, while medical records are individual. Financial cards should be separated from clinical records, to avoid confusion and to save time.

Itemized Statements: Service slips minimize loss of income through omission of charges for laboratory work, injections, and other services. They also remind patients of the services he has received, as well as their cost.

Statements must go out monthly to limit credit losses. Pre-stamped window envelopes are time-savers and itemization of charges on the statements is desirable. For this, photo-reproduction of the account card itself saves time.

Bookkeeping machines combine account posting and statement preparation and the more advanced machines also validate receipts.

No mechanical device is in itself a money-saver, although the savings in time which it makes possible may increase revenue. This will be true, however, only if the time saved is budgeted properly.

Physicians in A. A. Hold Annual Meeting

The 11th Annual Meeting of International Doctors in Alcoholics Anonymous was held recently in Bethesda, Md. During the three-day meeting, the 100 conferees heard talks on the problems of alcoholism and made a tour of the National Institutes of Health.

Physicians interested in further information about this organization may write: Secretary, International Doctors in A.A., Box 67, MacArthur, Ohio.

Big and Small

Here's a Quick Look at New Cars

An air of uncertainty hangs over the feverish activity at Detroit as the nation's automakers prepare to introduce their 1960 models.

This is the year the Big Three present their compact cars to the American public, uncertain as to their reception and their effect on standard models.

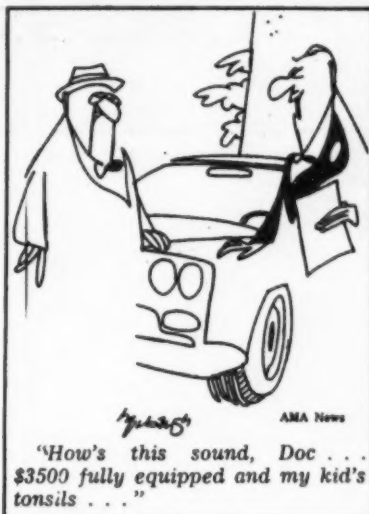
Industry leaders are talking of selling 6.5 to 7 million cars with perhaps as many as one million of them being the smaller, compact models.

Standard Models: While most of the interest and talk is of the compact cars, the Big Three's standard models still will make up the bulk of next year's production and must be counted on for most of the sales and profits.

Biggest changes in appearances among the standards will be in Ford and Edsel. Chrysler Corp. lines for 1960 resemble the Forward Look of 1957-59, although the corporation has provided all new bodies.

General Motors cars, American Motors' Rambler and Studebaker-Packard's Lark have been restyled for 1960 but not radically changed.

Chrome Restrained: Generally there has been a restraint in the use of chrome and trim, a softening and rounding out of fins, a diminution of



such features as wrap-around windshields, and the "hump" in the floors. Increasing attention is being given to economy features. Four barrel carburetors are disappearing. Six cylinder engines are more widely available. Pontiac and Oldsmobile are out to repeat their successful sales of 1959 in 1960. Pontiac seeks to establish it-

self as a prestige car after a record sales year for the GM division. Oldsmobile had a 21% sales gain in 1959, expects a 13% gain in 1960, and believes the medium price auto is here to stay.

The Big Three's interest in their new compact cars can be understood by looking at this year's success by Rambler and Lark. Rambler produced and sold some 374,000 cars this year compared to 162,000 in 1958. For 1960, Rambler and Lark are counting on continued success with their established patterns.

General Motors is expected to introduce its compact car, the Corvair, on Oct. 2. Ford's Falcon and Chrysler's Valiant will follow shortly. The three are expected to be priced under \$2,000 but optional equipment will bring total prices above that mark.

Quick Look: Here's a brief rundown on what to expect in looks in some of the standards:

- **Ford**—Bigger than this year's car; front end slopes; boxy lines replaced with curves.
- **Chevrolet**—Less flare in the rear wings but still a distinctive design feature; generally similar to 1959s.
- **Plymouth**—Sweeping fins again in a new design.
- **Dart**—Another new car from Detroit. It's made to compete with Ford, Chevy, and Plymouth and to give Dodge dealers a complete line of cars price-wise. The Dart is made on the same shell as Plymouth without the pronounced fin effect.
- **Pontiac**—New grill with faint V look, new rear deck which does away with twin fins.
- **Oldsmobile**—Minor changes in appearance; cars about 2 inches shorter; more maneuverable.
- **Edsel**—The vertical grille is gone, and the rear deck has a vertical look. It's made on the Ford shell.
- **Lincoln**—Few changes except refinements in styling.
- **Cadillac**—A more subdued look with fins rounded off, grille lowered.

Viewpoints

Secrecy still surrounds the Big Three's compact cars, although a few newspapers and magazines have published pictures and descriptions of the new autos.

The result has been conflicting reports from Detroit as to their looks. Example:

"Falcon bears a Ford family resemblance and Valiant carries the Chrysler stamp. Only GM's Corvair doesn't look like its corporate cousins." — *Newsweek*, Aug. 10, 1959.

"... the Corvair bears more of a family resemblance to the regular Chevrolet line than its two competitors do to their parent models." — *Wall Street Journal*, Aug. 17, 1959.

Pharmacy Educators Attend Drug Forum

The workings and philosophies of the nation's pharmaceutical industry were described to educators from 76 colleges of pharmacy at a Pharmacy Education-Industry Forum at Princeton, N. J., Aug. 23-27.

The teachers heard lectures dealing with methods of drug evaluation, marketing of new drugs, professional promotion, distribution of products, relations with governmental agencies, and the history of the industry.

The event was sponsored by the 21 member companies of the National Pharmaceutical Council.

Nutrition Monograph

A monograph of the five papers presented at the symposium on "Nutrition in Pregnancy" in Columbia, Mo., Oct. 11, 1957, is now available free of charge from the Council on Foods and Nutrition, American Medical Association, 535 N. Dearborn, Chicago 10.

1500 Postgraduate Courses Offered

Nearly 1500 postgraduate training courses in 39 subject categories will be offered physicians in the year which began Sept. 1, according to the AMA Council on Medical Education and Hospitals.

The courses will be taught in 149 cities in 34 states, the District of Columbia, and Puerto Rico. A listing of the courses was published in the Aug. 15 issue of *The Journal of The American Medical Association*.

Television Meeting

First meeting of the Council on Medical Television will be Oct. 15-16 at the National Institutes of Health, Bethesda, Md. Council members represent organizations using television for undergraduate and postgraduate medical education. Groups interested in attending the meeting should write The Institute for Advancement of Medical Communication, 33 East 68th Street, New York 21, N.Y.



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Diagnosing Investments

Balance Is Necessary In Zig-Zag Economy

By Merryly S. Rukeyser



Readers inquire whether the soaring stock market prices to unprecedented peaks means we have learned how to eliminate depressions.

Back in the late 1920s there was wishful thinking that the "business cycle" had been adjourned. The hope for a one-way street named prosperity was then described as a "new era." And ivory tower economists termed it the "secular trend" which would carry business uninterruptedly upward and onward.

The "new era" thinking proved to be a snare and a delusion.

Accordingly, in the 1930s, innovations in the directions of government-supported economic cushions and built-in stabilizers were developed.

Now the imagination of man has been stirred anew about the optimistic prospects of the "booming 1960s."

Price-to-Future: On the basis of such hopes, popular common stocks with growth propensities are selling high in price in relation to visible earnings which this year are unmistakably improving. The seeming tendency to overdiscount in present prices the expectancy of future growth of sales volume and of business profits is justified by some theorists on the new formula of the "price-to-future earnings ratio." (This trend gives the current seller most of the benefits of growth in the immediate coming years.)

Obviously the tempo of growth differs among industries and within industries among companies operating in such trades. Plastics, electronics, motor cars, airplanes, and chemicals obviously have a better growth pattern than some of the older industries such as coal and rail transportation.

But the overall normal expectancy for the U.S. is growth. This may be expected to continue as long as the baby crops expand and as soon as industry creatively adopts the improvements in methods and in products developed through applied research, new inventions, and better engineering.

Credit Cures: But the record shows that even in dynamic America, the country occasionally takes a step backward before taking two steps forward. Since the end of the shoot-

ing phase of World War II, there have been three recessions — in 1949, in 1953-54, and in 1957-58. These have been short-term business cycles.

Each time the downward swing was interrupted by the decision of the money doctors at Washington—the Federal Reserve authorities—to inject stimulus into the lagging national economy through enormous doses of additional credit. On these three occasions, this type of narcotics proved efficacious, but some economists hold that the credit treatment works only when psychology and other factors are in tune.

At any rate, the zig-zagging indicates that the U.S. economy has not achieved stability. The long-term trend, though upward, has been subject to intermediate fluctuations.

For the great multitude of savers and investors, it is desirable to build into investment structures sufficient balance to survive these intermediate price changes.

The goal should be a balanced investment diet, with bonds as well as common stocks. Some stock-minded professional fund managers, after nearly two years of rising stock prices, are reducing the ratio of stocks to bonds in balanced funds.

Yields Attractive: While bond prices may not yet have touched bottom, the yields are the most attractive in more than a quarter of a century.

The current income on high grade bonds is currently better than that on popular stocks. This is of special interest to retired folks who are dependent for living expenses on interest and dividends from investments.

Those who are not in need of current income from investments have a different problem. They may be reluctant to lose their position in stocks of companies with a long-term growth pattern. But they are prudent in assuming that ups and downs have not been eliminated from American business and financial affairs.

(Mr. Rukeyser will be pleased to receive inquiries from physicians concerning their financial problems. Letters, with self-addressed, stamped envelopes, should be sent in care of The AMA News, 535 N. Dearborn, Chicago 10, Ill.)

Recent Books

Strategy for Investors, by John D. Clarke, Semagraph Security Studies, Oak Park, Ill., \$2. This book by a registered investment advisor and market analyst tells how to make wise decisions for achieving continuous success in the stock market. Clarke takes an objective approach by which the reader may develop his own precise mathematical method for making the right decisions in the market.

Law of Retirement, by Libby F. Jessup, Oceana, N.Y., \$1. Economic and legal aspects of retirement planning—taxes, social security, life insurance, pensions, savings accounts, stocks and bonds—are explored.

AMA Files Protest Against Vitamin Ad

The American Medical Association filed an official protest with the Federal Trade Commission against a recent advertisement of the Vitasafe Corporation, a New York City mail-order vitamin house.

The ad, which appeared in newspapers and magazines, featured a premium give-away offering "The Official AMA Book of Health" plus a 30-day supply of "high-potency" capsules.

The AMA told the FTC it believes Vitasafe Corporation attempted to imply in the ad that the AMA endorses one of the company's products. It said this is not true.

Business Briefs

Insurance Assets: Life insurance companies had total assets of \$110,424,000,000 at the end of the first half of 1959, reports Institute of Life Insurance. Assets were up 6% from a year ago, and the companies made new capital investments of more than \$3 billion during the half year.

Investment Choices: After four years as favorite stock of Monthly Investment Plan shareowners, General Electric has dropped to second place behind General Motors. Other MIP top choices are Dow Chemical, Standard Oil (New Jersey), and Tri-Continental.

Good Times: Used-car trading has increased sharply this year, according to R. L. Polk & Co., a research organization. Dealers view this as a good sign because owners hang onto their cars in times of recession. Six-year-old trade-ins are 62.8% ahead of 1958.

Executive Ages: Estimated average age of top executives is from 50 to 55. Three out of 10 companies say their top men average 40 to 45. Four out of 10 companies responding to a survey said they had no mandatory retirement age.

Holding On: Members of investment clubs continued to buy stocks during recent market gyrations, according to National Association of Investment Clubs. The 64,151 members of 4,647 clubs in the group are urged by NAIC to shoot for \$10,000 each in stocks.

How It Goes: Consumer spending in 1958 as reported by Dept. of Commerce: Housing 13%; food, beverages and tobacco 29%; clothing 8%; household operation 6%; furnishings and household equipment 6%; automobiles and parts, gas and oil, 9%; transportation 3%; miscellaneous 26%.

Library Facilities Offered by British

Library facilities of the British Medical Assn. now are available to members of member associations in the World Medical Assn. This includes the American Medical Association.

Foreign doctors who are resident in Great Britain for a period of not more than six months are invited to use BMA's library facilities. They will be afforded all privileges with the exception of borrowing books.

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1 Out of 6 Hired By Governments

One out of every six employed Americans is on a government payroll, according to the monthly bulletin of the First National City Bank, New York.

Since 1900, the bank states, workers in private jobs have increased 100%, but those in government—federal, state, and local—have increased 650%.

Other points made in the bulletin: Federal government runs about 20,000 commercial-industrial enterprises, with capital assets of about \$12 billion, in direct competition with private business.

Federal government has 100 agencies in the business of insuring, lending, and guaranteeing credit.

Federal aid to states, local communities, individuals totals \$7.2 billion. In 1930 this figure was \$147 million.

One out of every four kilowatts is produced by government-owned electric generating facilities.

Center Established

The Dow Corning Center for Aid to Medical Research, Midland, Mich., has been established to provide physicians with technical aid in the use of silicones in medicine and surgery.

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Historic Surgery

Stamp Will Honor Pioneer Doctor

A new postage stamp in the "Famous American" series will honor one of America's famous pioneer doctors, Ephraim McDowell of Kentucky.

Dr. McDowell on Christmas Day, 1809—a century and a half ago—performed the world's first successful, scientific abdominal operation.

He removed a 20-pound ovarian tumor from Jane Todd Crawford, who had ridden 60 miles on horseback to Dr. McDowell's Danville, Ky., office for the surgery.

Long Campaign: The authorization for the stamp climaxed an 18-month campaign by the Kentucky State Medical Assn., the American Medical Association, and 16 other national, regional, and state medical groups that had passed resolutions asking for the stamp.

Dr. R. W. Robertson, president, and Dr. C. C. Howard were especially active for KSMA. Dr. Robertson said the stamp was made possible through the efforts of Senators John S. Cooper and Thruston B. Morton; Maj. Gen. Leonard D. Heaton, Army surgeon general; and Joe Sanford, KSMS executive secretary.

Announcement of the stamp's authorization was made at Danville during dedication ceremonies of the restored McDowell Apothecary Shop, next to the surgeon's home.

Shop, Home Restored: Restoration of the little brick drug shop, which originally contained Dr. McDowell's office also, was by the Kentucky Pharmaceutical Assn. Eli Lilly and Co. contributed \$20,000 toward restoration of the shop.

It, like the McDowell home where the famous oophorectomy was performed, will be operated by KSMA. The home and shop are furnished to reflect the McDowell period.

The McDowell stamp, to be maroon on white in a vertical arrangement, will bear a likeness of the native Virginian who became the most noted surgeon of his day west of the Allegheny Mountains.

Danville Issue: It will be issued at Danville in December near the 150th anniversary of the Crawford operation.

Mrs. Crawford was said to have sung hymns and recited Psalms during the surgery. There were no anesthetics or antiseptics.

Accepted medical opinion at the time was that opening the abdomen



McDowell Home and Apothecary Shop.



Dr. McDowell Mrs. Crawford

meant peritonitis and certain death. Some said it was because of the effects of cold air on the intestines.

No Complications: Dr. McDowell reported no complications and said the

patient was up making her own bed five days later and was well 25 days after the operation. Mrs. Crawford lived 32 years following the historic surgery.

The Kentucky physician, who was born in 1771 and died in 1830, performed other abdominal operations and published a paper on them in 1817.

Mettler and Mettler, in *History of Medicine*, state: "Some of McDowell's operations were really oophorectomies, as his title indicated, but since the object of the operation was not removal of the ovary, but only of the cyst, or its evacuation, the procedure continued to be known as ovariectomy [sic]."

Street Scene

The other day a Wichita, Kan., physician met a couple of his young patients—by accident.

While enroute to his office, Dr. George L. Thorpe stopped at a traffic signal. As he pulled away, the driver of another car ran the light, hitting Dr. Thorpe's auto broadside.

The MD escaped injury, thanks to a seat belt.

The occupants of the other car—a man, wife and their twin sons—were enroute to Dr. Thorpe's office to have a check-up for the twins.

The physician examined the youngsters in the middle of the street, and sent them to the hospital for further observation.

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AMA Meeting Abroad Urged

A suggestion has been made that the American Medical Association hold a meeting in Europe to support physicians there who are fighting socialized medicine.

The suggestion was made by Dr. Giorgio Rossitto of Milan, leader of a group of nearly 100 Italian physicians who visited the United States as guests of the State Department. Part of the group visited AMA headquarters in Chicago.

An AMA meeting in Europe would foster better relations between MDs in the U.S. and those in Europe and would show confidence on the part of American doctors in the substantial group of European MDs carrying out research, teaching and practicing free from governmental control.

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